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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/522,642	09/01/2005	Michael C. Van Zandt	02-195-C9	7543
	7590 01/21/200 BOEHNEN HULBER	9 RT & BERGHOFF LLP	EXAM	IINER
300 S. WACKE 32ND FLOOR	ER DRIVE		CHUNG, SUSANNAH LEE	
CHICAGO, IL 60606			ART UNIT	PAPER NUMBER
			1626	
			MAIL DATE	DELIVERY MODE
			01/21/2009	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

	Application No.	Applicant(s)				
Interview Summary	10/522,642	VAN ZANDT, MI	CHAEL C.			
interview Summary	Examiner	Art Unit				
	Susannah Chung	1626				
All participants (applicant, applicant's representative, PTO	personnel):					
(1) <u>Susannah Chung</u> .	(3)					
(2) <u>Steven Sarussi</u> .	(4)					
Date of Interview: <u>06 January 2009</u> .						
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant 2	r)∏ applicant's representative	e]				
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) No.					
Claim(s) discussed:						
Identification of prior art discussed:						
Agreement with respect to the claims f) was reached. g)□ was not reached. h)□ N	I/A.				
Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: <i>this case is abandoned</i> .						
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached.	opy of the amendments that w					
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTIFILE A STATEMENT OF THE SUBSTANCE OF THE INTERPROPERTY.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM, V	been filed, APP / DAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO			